

Participant Enrollment  
401(a) Plan



State of Colorado Defined Contribution Retirement Plan

98991-03

Participant Information

Last Name	First Name	MI
Address - Number & Street		
City	State	Zip Code
( )	( )	
Home Phone	Work Phone	

Social Security Number		
E-Mail Address		
Mo	Day	Year
Date of Birth		
<input type="checkbox"/> Female	<input type="checkbox"/> Male	
<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	

Payroll Information

☐ I elect to contribute \_\_\_\_\_% (per pay period) of my compensation as before—tax contributions to the 401(a) Plan until such time as I revoke or amend my election.

Payroll Effective Date: \_\_\_\_\_  
Mo Day Year

Date of Hire: \_\_\_\_\_  
Mo Day Year

Division Name	To be completed by Representative: _____	Division Number
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**Investment Option Information (applies to all contributions)** – Please refer to your marketing communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>		<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>	
Aggressive Profile Portfolio .....	COAGG3	_____%	American Century Equity Income .....	20-EQI	_____%
Moderate Profile Portfolio .....	COMOD3	_____%	American Century Ultra Fund .....	20-ULT	_____%
Conservative Profile Portfolio .....	COCON3	_____%	American Funds Wash Mutual R4 .....	RWMEX	_____%
American Funds EuroPacific A .....	AF-EPG	_____%	Vanguard Institutional Index Fund .....	VG-IND	_____%
Constellation Clover Small Cap Value .....	TCSVX	_____%	Vanguard Total Bond Market Index – Inst. ....	VBPIX	_____%
Dreyfus Founders Discovery – F .....	FDISX	_____%	Great-West Stable Value Fund .....	COSVF	_____%
Artisan Mid Cap Fund .....	ARTMX	_____%	<b>MUST INDICATE WHOLE PERCENTAGES</b>		<b>=100%</b>

*See following page(s) for Participation Agreement and Required Signature(s)*

Participation Agreement

**Withdrawal restrictions** – I understand that the Internal Revenue Code (the “Code”) and/or my employer’s Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment options** – I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

**Compliance with Plan Document and/or the Code** – I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.



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Last Name

First Name

MI

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Social Security Number

**Incomplete forms** – I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call KeyTalk<sup>®</sup> or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

**Account corrections** – I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days the correction will be only processed from the date of notification forward and not on a retroactive basis.

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**Required Signatures** – I have completed, understand and agree to all pages of this Participant Enrollment form.

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Participant Signature

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Date

**Participant** forward to Plan Administrator/Trustee

**Plan Administrator** forward to Service Provider at:

Great – West Retirement Services<sup>SM</sup>

1775 Sherman Street, Suite 2820

Denver, CO 80203

**Phone#:** 1–800–838–0457

**Fax#:** 1–303–830–3531

**Web site:** www.gwrs.com

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Authorized Plan Administrator/Trustee Signature

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Date

Representative must check one of the following:

- ☐ Solicited: representative met with individual participant to solicit enrollment and has verified suitability of allocation per participant's investment objectives
- ☐ Unsolicited: representative did not meet with participant

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Registered Representative Signature

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Date

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Registered Principal Signature

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Date